

NORTH DAKOTA DEPARTMENT OF INSURANCE
Consent to Rate Application Form NDPC400
SFN 51683 (5/98)

Please file and approve the following rates, which I understand are Excess of those rates otherwise filed with the North Dakota Department of Insurance

Company Name	NAIC #
Company Address	
Company Representative	Date

POLICY INFORMATION

Type of Business	
Location(s) of Risk	
Description of Coverage	
Policy Number	Effective Dates/Term of Policy
Policy Limits	
Filed Manual Premium	Proposed Premium

APPLICANT INFORMATION

I am agreeable to paying this premium because of the following reason(s)	
Name of Insured (Applicant)	
Mailing Addresss	
Signature of Named Insured	Date